

2023 Rate Sheet (Bi-Weekly)
Unit 34 and 39: Fire Sworn and Non-Sworn Employees (Fulltime)

Maximum Cash Out Amount \$116.42

MEDICAL - CalPERS Region 2*	CODE	Monthly Rate	Coverage Tier		Employee Paid	Employer Paid
Anthem Select Must reside in Ventura County	2301	\$765.37	Employee Only	<input type="checkbox"/>	\$0.00	\$382.69
	2302	\$1,530.74	Employee +1	<input type="checkbox"/>	\$59.02	\$706.35
	2303	\$1,989.96	Family	<input type="checkbox"/>	\$288.63	\$706.35
Anthem Traditional	2305	\$935.12	Employee Only	<input type="checkbox"/>	\$0.00	\$467.56
	2306	\$1,870.24	Employee +1	<input type="checkbox"/>	\$228.77	\$706.35
	2307	\$2,431.31	Family	<input type="checkbox"/>	\$509.31	\$706.35
Blue Shield Access+	2309	\$842.61	Employee Only	<input type="checkbox"/>	\$0.00	\$421.31
	2310	\$1,685.22	Employee +1	<input type="checkbox"/>	\$136.26	\$706.35
	2311	\$2,190.79	Family	<input type="checkbox"/>	\$389.05	\$706.35
Blue Shield Trio	2350	\$760.71	Employee Only	<input type="checkbox"/>	\$0.00	\$380.36
	2351	\$1,521.42	Employee +1	<input type="checkbox"/>	\$54.36	\$706.35
	2352	\$1,977.85	Family	<input type="checkbox"/>	\$282.58	\$706.35
Kaiser Must reside in Ventura County	2316	\$756.21	Employee Only	<input type="checkbox"/>	\$0.00	\$378.11
	2317	\$1,512.42	Employee +1	<input type="checkbox"/>	\$49.86	\$706.35
	2318	\$1,966.15	Family	<input type="checkbox"/>	\$276.73	\$706.35
UnitedHealthcare Alliance Must reside in Ventura County	2342	\$793.63	Employee Only	<input type="checkbox"/>	\$0.00	\$396.82
	2343	\$1,587.26	Employee +1	<input type="checkbox"/>	\$87.28	\$706.35
	2344	\$2,063.44	Family	<input type="checkbox"/>	\$325.37	\$706.35
PERS Gold	2327	\$695.93	Employee Only	<input type="checkbox"/>	\$0.00	\$347.97
	2328	\$1,391.86	Employee +1	<input type="checkbox"/>	\$0.00	\$695.93
	2329	\$1,809.42	Family	<input type="checkbox"/>	\$198.36	\$706.35
PERS Platinum	2360	\$1,014.80	Employee Only	<input type="checkbox"/>	\$0.00	\$507.40
	2361	\$2,029.60	Employee +1	<input type="checkbox"/>	\$308.45	\$706.35
	2362	\$2,638.48	Family	<input type="checkbox"/>	\$612.89	\$706.35
PORAC	2346	\$820.00	Employee Only	<input type="checkbox"/>	\$0.00	\$410.00
	2347	\$1,650.00	Employee +1	<input type="checkbox"/>	\$118.65	\$706.35
	2348	\$2,100.00	Family	<input type="checkbox"/>	\$343.65	\$706.35
Waive Medical Coverage <input type="checkbox"/>						
To waive medical coverage, you must complete and return the Medical Waiver Form along with proof of other acceptable coverage such as a copy of your medical ID Card. Otherwise, you will automatically be enrolled in the PERS Gold Plan.						
DENTAL	CODE	Monthly Rate	Coverage Tier		Employee Paid	Employer Paid
Delta Dental PPO	2641	\$53.87	Employee Only	<input type="checkbox"/>	\$0.93	\$26.00
	2642	\$95.34	Employee +1	<input type="checkbox"/>	\$21.67	\$26.00
	2643	\$152.82	Family	<input type="checkbox"/>	\$50.41	\$26.00
Delta Dental Plus	2645	\$58.40	Employee Only	<input type="checkbox"/>	\$3.20	\$26.00
	2646	\$103.35	Employee +1	<input type="checkbox"/>	\$25.68	\$26.00
	2647	\$165.66	Family	<input type="checkbox"/>	\$56.83	\$26.00
DeltaCare HMO	2621	\$15.57	Employee Only	<input type="checkbox"/>	\$0.00	\$7.79
	2622	\$27.85	Employee +1	<input type="checkbox"/>	\$0.00	\$13.93
	2623	\$41.21	Family	<input type="checkbox"/>	\$0.00	\$20.61

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VISION	CODE	Monthly Rate	Coverage Tier		Employee Paid	Employer Paid
Vision Service Plan (VSP)	2711	\$6.93	Employee Only	<input type="checkbox"/>	\$3.47	\$0.00
	2712	\$13.76	Employee +1	<input type="checkbox"/>	\$6.88	\$0.00
	2713	\$21.10	Family	<input type="checkbox"/>	\$10.55	\$0.00
VSP Plus	2715	\$9.04	Employee Only	<input type="checkbox"/>	\$4.52	\$0.00
	2716	\$17.95	Employee +1	<input type="checkbox"/>	\$8.98	\$0.00
	2717	\$27.52	Family	<input type="checkbox"/>	\$13.76	\$0.00

Short Term Disability		Employee Paid	Employer Paid
	Employee Only	Contact Firefighters' Assoc. Treasurer	\$0.00

Long Term Disability		Employee Paid	Employer Paid
	Employee Only	Contact Firefighter's Assoc. Treasurer	\$0.00

Life Insurance	Coverage Amount	Cost																								
Basic Term Life with AD&D - Employee Only	\$75,000	City Paid - \$3.75 (\$0.05 per \$1,000 of benefit)																								
Supplemental Life - Employee/Spouse	Coverage is available in increments of \$10,000 up to a maximum of \$500,000 based upon the applicable age bracket. A guaranteed issue amount of \$200,000 for an employee, \$30,000 for spouse, and \$10,000 for children applies when employee first becomes eligible for coverage. Subsequent supplemental life increases or enrollment outside of the initial period will require medical approval. Spouse coverage amount is limited to the amount of supplemental life purchased for the employee.	<table border="1"> <thead> <tr> <th>Age Range</th> <th>Cost per \$10,000</th> </tr> </thead> <tbody> <tr><td>0 - 29</td><td>\$0.34</td></tr> <tr><td>30 - 34</td><td>\$0.43</td></tr> <tr><td>35 - 39</td><td>\$0.62</td></tr> <tr><td>40 - 44</td><td>\$0.95</td></tr> <tr><td>45 - 49</td><td>\$1.57</td></tr> <tr><td>50 - 54</td><td>\$2.62</td></tr> <tr><td>55 - 59</td><td>\$4.23</td></tr> <tr><td>60 - 64</td><td>\$5.56</td></tr> <tr><td>65 - 69</td><td>\$8.74</td></tr> <tr><td>70 - 74</td><td>\$15.44</td></tr> <tr><td>75+</td><td>\$25.75</td></tr> </tbody> </table>	Age Range	Cost per \$10,000	0 - 29	\$0.34	30 - 34	\$0.43	35 - 39	\$0.62	40 - 44	\$0.95	45 - 49	\$1.57	50 - 54	\$2.62	55 - 59	\$4.23	60 - 64	\$5.56	65 - 69	\$8.74	70 - 74	\$15.44	75+	\$25.75
Age Range		Cost per \$10,000																								
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65 - 69	\$8.74																									
70 - 74	\$15.44																									
75+	\$25.75																									
Supplemental Life - Children Same rate applies to one or more	Coverage amount \$2,000 \$5,000 \$10,000	EE's cost per pay period \$0.16 \$0.28 \$0.45																								

NOTE: *CalPERS Region 2 = Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, and Ventura counties.

This worksheet is for your own personal use. There is no need to return it to the Benefits Office. The online enrollment system will provide premium calculations based on your selections.

Rates are effective 1/01/2023 - 12/31/2023

This sheet highlights benefits under the City of Santa Barbara benefit program. It is not intended to help you choose the benefits that are best for you. This sheet does not include plan rules, details, and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between Open Enrollment and the legal plan documents, the plan documents are the final authority.